

## **KENTUCKY STATE BOARD OF PHYSICAL THERAPY**

**Ernie Fletcher** Governor

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Rebecca E. Klusch Executive Director

TO:	Donna Sims, Licensure Coordinator
FROM:	
DATE:	
SUBJECT:	Verification
Pleas	e send a verification of my Kentucky credential to the State of
I have enclos	ed a check in the amount of \$15.00 to cover the administrative cost. My credential
Number is	
	Signature of credential holder
Name:	
Address:	
Telephone:	
Email:	